

BAR CODE LABEL



U.S. PATENT APPLICATION

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT
08/487,974	06/07/95	435	1807

APPLICANT

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CONTINUING DATA***

VERIFIED	THIS APPLN IS A CON OF	08/342,028 11/16/94
	WHICH IS A CON OF	08/181,367 01/14/94
	WHICH IS A CON OF	08/054,353 04/28/93
	WHICH IS A CON OF	07/537,305 06/12/90
	WHICH IS A CIP OF	07/497,098 03/20/90 ABN
	WHICH IS A CIP OF	07/444,669 12/01/89 ABN
	WHICH IS A CIP OF	06/937,793 12/04/86 ABN
	WHICH IS A CON OF	06/819,314 01/16/86 ABN
	WHICH IS A CON OF	07/382,094 07/19/89 ABN

FOREIGN/PCT APPLICATIONS***

VERIFIED

STATE OR COUNTRY	Sheets Drawing	Total Claims	Independent Claims	Filing Fee Received	Attorney Docket No.
CA	12	17	1	\$730.00	028723/016

ADDRESS

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TITLE

CHROMOSOME SPECIFIC STAINING TO DETECT GENETIC REARRANGEMENTS

This is to certify that annexed hereto is a true copy from the records of the United States Patent and Trademark Office of the application which is identified above.

By authority of the
 COMMISSIONER OF PATENTS AND TRADEMARKS

Date

Certifying Officer



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

SERIAL NUMBER 08/487,974	FILING DATE 06/07/1995 RULE	CLASS 435	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 028723/016
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APPLICANTS

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 WHICH IS A CIP OF 07/444,669 12/01/1989 ABN
 WHICH IS A CIP OF 06/937,793 12/04/1986 ABN
 WHICH IS A CON OF 06/819,314 01/16/1986 ABN
 WHICH IS A CON OF 07/382,094 07/19/1989 ABN
 WHICH IS A CON OF 07/627,707 12/14/1990 PAT 5,447,841
 WHICH IS A CON OF 06/937,793 12/04/1986 ABN

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	12	17	1
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

21839

TITLE

METHOD OF DETECTING GENETIC TRANSLOCATIONS IDENTIFIED WITH CHROMOSOMAL
 ABNORMALITIES

FILING FEE RECEIVED 730	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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